



**Connecticut Department of
Energy & Environmental Protection**
Bureau of Water Protection & Land Reuse
Water Planning & Management Division

| | |
|---|-------|
| DEEP/CPPU USE ONLY | |
| App #: | _____ |
| Reg # | _____ |
| Permit # | _____ |
| APA Name | _____ |
| Doc #: | _____ |
| Check #: | _____ |
| Program: Aquifer Protection Area | |

Application for Exemption from Regulation in an Aquifer Protection Area

Part I: Application and Fee Information

This exemption application form is for requesting an exemption from prohibition or regulation in an Aquifer Protection Area in accordance with section 22a-354i-6 of the Regulations of Connecticut State Agencies.

Please note that this application requires demonstration that if the hazardous materials used in the subject regulated activity are released to the ground, it would not render the ground water unsuitable for drinking. It is based only upon the characteristics of the specific hazardous materials and not on best management practices or other man-made controls.

Complete this form in accordance with the [instructions](#) (DEEP-APA-INST-300) to ensure the proper handling of your request for an exemption. Print or type unless otherwise noted.

Town where site is located: _____

Brief Description of Project:

FEE: There is no fee for this Exemption Application.

Part II: Notifications

The applicant shall submit the original *Application for Exemption from Regulation in an Aquifer Protection Area* to the Commissioner of the Department of Energy & Environmental Protection (DEEP), and shall simultaneously file a copy of this application and all supporting documents to **all** of the following agencies in accordance with the Regulations of Connecticut State Agencies (RCSA) Section 22a-354i-6(b):

1. Municipal Aquifer Protection Agency; (For contacts and mailing addresses refer to the [Connecticut Aquifer Protection Agent Directory](#).)
2. Commissioner of Public Health (DPH) at DPH.SourceProtection@ct.gov; and
3. Any affected water company. (For contacts and mailing addresses refer to [Water Company Contact List](#).)

Check here to confirm that proof of such notification is provided as Attachment A.

Part III: Applicant Information

- *If an applicant is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, the applicant's name shall be stated **exactly** as it is registered with the Secretary of State. This information can be accessed at [CONCORD](#).*
- *If an applicant is an individual, provide the legal name (include suffix) in the following format: First Name; Middle Initial; Last Name; Suffix (Jr, Sr., II, III, etc.).*
- *If there are any changes or corrections to your company/facility or individual mailing or billing address or contact information, please complete and submit the [Request to Change Company/Individual Information](#) to the address indicated on the form. If there is a change in name of the entity holding a DEEP license or a change in ownership, contact the Office of Planning and Program Development (OPPD) at DEEP.OPPD@ct.gov. For any other changes you must contact the specific program from which you hold a current DEEP license.*

| | | | |
|--|--|---|---|
| 1. Applicant Name: | | | |
| Mailing Address: | | | |
| City/Town: | State: | Zip Code: | |
| Business Phone: | ext.: | | |
| Contact Person: | Title: | | |
| Phone: | ext. | E-mail: | |
| <p>*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the department if your e-mail address changes.</p> | | | |
| <p>a) Applicant Type (check one): <input type="checkbox"/> individual <input type="checkbox"/> *business entity <input type="checkbox"/> federal agency <input type="checkbox"/> state agency <input type="checkbox"/> municipality <input type="checkbox"/> tribal</p> | | | |
| *If a business entity: | | | |
| <p>i) check type: <input type="checkbox"/> corporation <input type="checkbox"/> limited liability company <input type="checkbox"/> limited partnership <input type="checkbox"/> limited liability partnership <input type="checkbox"/> statutory trust <input type="checkbox"/> Other: _____</p> | | | |
| <p>ii) provide Secretary of the State business ID #: _____ This information can be accessed at CONCORD.</p> | | | |
| <p>iii) <input type="checkbox"/> Check here if you are not registered with the Secretary of State's office.</p> | | | |
| <p>b) Applicant's interest in property at which the proposed activity is to be located:</p> | | | |
| <input type="checkbox"/> site/property owner | <input type="checkbox"/> option holder | <input type="checkbox"/> lessee | <input type="checkbox"/> facility owner |
| <input type="checkbox"/> easement holder | <input type="checkbox"/> operator | <input type="checkbox"/> other (specify): _____ | |
| <p><input type="checkbox"/> Check if any co-applicants. If so, attach additional sheet(s) with the required information as requested above.</p> | | | |
| 2. Billing contact, if different than the applicant. | | | |
| Name: | | | |
| Mailing Address: | | | |
| City/Town: | State: | Zip Code: | |
| Business Phone: | ext.: | | |
| Contact Person: | Phone: | | |
| | | | ext. |
| *E-mail: | | | |

Part III: Applicant Information (continued)

3. Primary contact for departmental correspondence and inquiries, if different than the applicant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Title:

Phone:

ext.

*E-mail:

*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the department if your e-mail address changes.

4. Attorney or other representative, if applicable:

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Attorney:

Phone:

ext.

E-mail:

5. Facility Operator, if different than the applicant.

Name:

Title:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

6. Facility Owner, if different than the applicant.

Name:

Title:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

Part III: Applicant Information (continued)

7. Site/Property Owner, if different than the applicant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

***If the applicant is not the owner, submit written permission from the owner as Attachment N.**

8. Engineer(s) or other consultant(s) employed or retained to assist in preparing the application or in designing or constructing the activity.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

Service Provided:

Check here if additional sheets are necessary, and label and attach them to this sheet.

Part IV: Pre-Application Meeting

If a pre-application meeting was held concerning the subject activity, provide the following:

DEEP Staff Name: _____

Pre-Application Meeting Date: _____

Part V: Site/Facility Information

1. SITE NAME AND LOCATION

Name of Site/Facility: _____

Street Address: _____

City/Town: _____

State: _____

Zip Code: _____

Tax Assessor's Reference: Map _____

Block _____

Lot _____

Coordinates of the exact site location in degrees, minutes, and seconds format or in decimal degrees:

Latitude: _____

Longitude: _____

Method of determination (check one):

GPS USGS Map Other (please specify): _____

If a USGS Map was used, provide the USGS quadrangle name: _____

2. AQUIFER PROTECTION AREA: Provide the name of the mapped Level A or Level B [Aquifer Protection Area](#), as defined and regulated by CGS section 22a-354a through 22a-354bb, where this facility is located.

Part V: Site/Facility Information (continued)

3a. PERMITTING HISTORY: Indicate the number and date of issuance of any previous state permits issued by DEEP to the applicant and the names to whom they were issued.

| <i>DEEP Permit Number</i> | <i>Date Issued</i> | <i>Name of Permittee</i> | <i>Permit Name</i> | <i>Expiration Date</i> |
|---------------------------|--------------------|--------------------------|--------------------|------------------------|
|---------------------------|--------------------|--------------------------|--------------------|------------------------|

3b. ADDITIONAL DEEP LICENSES OR PERMITS:

Will the activity that is the subject of this application require any of the following licenses:
(Check all that apply)

- Air Emissions** **Wastewater Discharges** **Stormwater**
 Waste or Materials Management **Hazardous Waste Generator**

If yes, provide a brief explanation: _____

3c. ENFORCEMENT HISTORY: Is this application associated with a formal or informal enforcement action pending with DEEP? If so, please provide the enforcement action reference number and the name of the DEEP staff contact.

Enforcement Action #:

DEEP Division/Program:

DEEP staff contact:

If the property was the subject of any historical enforcement actions known to the applicant, provide a brief explanation: _____

4. MUNICIPAL ZONING: Is this site compliant with municipal zoning requirements? **Yes** **No**

If no, explain: _____

5. SOIL AND/OR GROUNDWATER REMEDIATION: Does the site work include soil and/or groundwater remediation? **Yes** **No**

If yes, please provide, as Attachment I, reference documentation including a plan view of the site showing the area of contamination and a summary of remediation with chemical analysis, clean-up status, and remediation program identification.

6. TRIBAL LANDS: Will the activity which is the subject of this application be located on lands of federally recognized tribes? **Yes** **No**

Part V: Site/Facility Information (continued)

7. **COASTAL BOUNDARY:** Will the activity which is the subject of this application be located within the coastal boundary as delineated on DEEP approved coastal boundary maps? Yes No

If yes, submit a [Coastal Consistency Review Form](#) (DEEP-APP-004) with this completed application as Attachment J.

Information on the coastal boundary is available at www.cteco.uconn.edu/map_catalog.asp. (Select the town and then select coastal boundary. If the town is not within the coastal boundary you will not be able to select the coastal boundary map.) Information is also available at the local town hall or on the "Coastal Boundary Map" available at the [DEEP Store](#) (860-424-3555).

8. **NATURAL DIVERSITY DATA BASE (NDDDB) - ENDANGERED OR THREATENED SPECIES:** According to the most current "Natural Diversity Data Base Areas Maps", will the activity which is the subject of this application, including all impacted areas, be located within an area identified as, or otherwise known to be, a habitat for state listed endangered, threatened or special concern species?

Yes No Date of Map:

If yes, complete and submit a [Request for NDDDB State Listed Species Review Form](#) (DEEP-APP-007) to the address specified on the form, **prior** to submitting this application. Please note NDDDB review generally takes 4 to 6 weeks and may require the applicant to produce additional documentation, such as ecological surveys, which must be completed prior to submitting this permit application. A copy of the NDDDB Determination response letter that has not expired **must** be submitted with this completed application as Attachment K. Include a copy of any mitigation measures developed for this activity and approved by NDDDB. Be aware that you must renew your NDDDB Determination if it expires before project work commences.

For more information visit the DEEP website at [Endangered-Species-ReviewData-Requests](#) or deep.nddbrequest@ct.gov.

9. **CONSERVATION OR PRESERVATION RESTRICTION:** Will the activity which is the subject of this application be located within a conservation or preservation restriction area? Yes No

If Yes, proof of written notice of this application to the holder of such restriction or a letter from the holder of such restriction verifying that this application is in compliance with the terms of the restriction, must be submitted as Attachment L.

Part VI: Regulated Activity and Facility Process Information

1. A description of the purpose and nature of the subject [regulated activity](#), and any associated processes.

Part VI: Regulated Activity and Facility Process Information (continued)

4. From the following list and in the appropriate column, check *all* regulated activities that you are requesting an exemption from regulation or prohibition for at the facility.

For a full description of each regulated activity see [RCSA section 22a-354i-1\(34\)](#).

| Regulated Activity | Requested for Exemption |
|---|--------------------------|
| | √ |
| (A) Underground storage or transmission of oil or petroleum | <input type="checkbox"/> |
| (B) Oil or petroleum dispensing for the purpose of retail, wholesale or fleet use | <input type="checkbox"/> |
| (C) On-site storage of hazardous materials for the purpose of wholesale sale | <input type="checkbox"/> |
| (D) Repair or maintenance of vehicles or internal combustion engines of vehicles | <input type="checkbox"/> |
| (E) Salvage operations of metal or vehicle parts | <input type="checkbox"/> |
| (F) Wastewater discharges to ground water other than domestic sewage and stormwater | <input type="checkbox"/> |
| (G) Car or truck washing | <input type="checkbox"/> |
| (H) Production or refining of chemicals, including without limitation hazardous materials or asphalt | <input type="checkbox"/> |
| (I) Clothes or cloth cleaning service (dry cleaner) | <input type="checkbox"/> |
| (J) Industrial laundry service | <input type="checkbox"/> |
| (K) Generation of electrical power by means of fossil fuels | <input type="checkbox"/> |
| (L) Production of electronic boards, electrical components, or other electrical equipment | <input type="checkbox"/> |
| (M) Embalming or crematory services | <input type="checkbox"/> |
| (N) Furniture stripping operations | <input type="checkbox"/> |
| (O) Furniture finishing operations | <input type="checkbox"/> |
| (P) Storage, treatment or disposal of hazardous waste under a RCRA permit | <input type="checkbox"/> |
| (Q) Biological or chemical testing, analysis or research | <input type="checkbox"/> |
| (R) Pest control services | <input type="checkbox"/> |
| (S) Photographic finishing | <input type="checkbox"/> |
| (T) Production or fabrication of metal products | <input type="checkbox"/> |
| (U) Printing, plate making, lithography, photoengraving, or gravure | <input type="checkbox"/> |
| (V) Accumulation or storage of waste oil, anti-freeze or spent lead-acid batteries | <input type="checkbox"/> |
| (W) Production of rubber, resin cements, elastomers or plastic | <input type="checkbox"/> |
| (X) Storage of de-icing chemicals | <input type="checkbox"/> |
| (Y) Accumulation, storage, handling, recycling, disposal, reduction, processing, burning, transfer or composting of solid waste | <input type="checkbox"/> |
| (Z) Dying, coating or printing of textiles, or tanning or finishing of leather | <input type="checkbox"/> |
| (AA) Production of wood veneer, plywood, reconstituted wood or pressure-treated wood | <input type="checkbox"/> |
| (BB) Pulp production processes | <input type="checkbox"/> |

Part VII: Best Management Practices

The applicant and operator, if different from the applicant, must certify that the facility is in compliance with all the Best Management Practices set forth in RCSA section 22a-354i-9(a). The applicant **and** the operator, if different from the applicant, must sign this part. An application will be considered incomplete unless the required signatures are provided.

For a full description of Best Management Practices for regulated activities, see [RCSA section 22a-354i-9](#).

| | |
|---|-----------------------|
| <p>“I certify that the subject facility is in compliance with all the best management practices set forth in RCSA section 22a-354i-9(a). I have checked the box by each of the following statements as verification that the subject facility is in compliance with all applicable best management practices.”</p> <ul style="list-style-type: none"> <input type="checkbox"/> Storage of hazardous materials above ground is in compliance with all provisions of RCSA section 22a-354i-9(a)(1). <input type="checkbox"/> The number of underground storage tanks used to store hazardous materials shall not increase in accordance with RCSA section 22a-354i-9(a)(2). <input type="checkbox"/> Replacement of any underground storage tanks used to store hazardous materials shall take place in accordance with all provisions of RCSA section 22a-354i-9(a)(3). <input type="checkbox"/> Devices for release of wastewaters to the ground shall not be used except in accordance with RCSA section 22a-354i-9(a)(4). <input type="checkbox"/> A Materials Management Plan has been developed in accordance with RCSA section 22a-354i-9(a)(5) and will be implemented upon issuance of a permit. <input type="checkbox"/> A Stormwater Management Plan has been developed in accordance with RCSA section 22a-354i-9(b) and will be implemented upon issuance of a permit. | |
| Signature of Applicant | Date |
| Name of Applicant (print or type) | Title (if applicable) |
| Signature of Operator (if different than above) | Date |
| Name of Operator (print or type) | Title (if applicable) |

Part VIII: Supporting Documents

Check the applicable box below for each attachment being submitted with this application form. When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment A, etc.) and be sure to include the applicant's name as indicated on this application form.

| | | |
|--------------------------|---------------|--|
| <input type="checkbox"/> | Attachment A: | Proof of Notification Submit documentation such as a return receipt email or certified mail receipt to prove that a copy of this Aquifer Protection Area Exemption Application, including all supporting documents, was sent to all of the following: Municipal Aquifer Protection Agency; Commissioner of Public Health (DPH); and any affected water company. |
| <input type="checkbox"/> | Attachment B: | A Facility Boundary Map A map showing the location of the subject regulated activity plotted on a 1:24,000 scale United States Geological Survey topographic quadrangle base; Note: In accordance with RCSA section 22a-354i-1, "facility" is defined as property where a regulated activity is being conducted by any person, including without limitation any buildings located on the property that are owned or leased by that person; and includes contiguous land owned, leased, or for which there is an option to purchase by that person. |
| <input type="checkbox"/> | Attachment C: | A Waste Water Discharge Map A map showing the location of all points of any waste water discharged or to be discharged to waters of the state, plotted on a 1:24,000 scale United States Geological Survey (USGS) topographic quadrangle base, and if the discharge points are of a density such that they may not be clearly shown at the scale of 1:24,000, an enlargement of that area showing the discharge points shall be provided. Also include a completed Latitude and Longitude Form (DEEP-APP-003). Indicate the quadrangle name on the map. |
| <input type="checkbox"/> | Attachment D: | A Town Zoning Map with Aquifer Protection Area Boundary A map showing the facility and property boundary on the town's official zoning map with the Aquifer Protection Area boundary clearly shown and labeled with the name of the Aquifer Protection Area and effective date of the adopted boundary. |
| <input type="checkbox"/> | Attachment E: | Materials Management Plan Refer to the Model Form for Developing a Materials Management Plan for Regulated Activities in Aquifer Protection Areas for guidance. |
| <input type="checkbox"/> | Attachment F: | Stormwater Management Plan and Aquifer Protection Supplement Refer to the Instructions for Developing a Stormwater Management Plan for Regulated Activities in Aquifer Protection Areas and the Aquifer Protection Stormwater Management Plan Supplement Form for guidance. |
| <input type="checkbox"/> | Attachment G: | Human Health Risk Assessment Refer to the U.S. EPA's website https://www.epa.gov/risk/conducting-human-health-risk-assessment for guidance. |
| <input type="checkbox"/> | Attachment H: | Fate and Transport Study Refer to the U.S. EPA's website https://www.epa.gov/homeland-security-research/contaminant-fate-transport-and-exposure for guidance. |
| <input type="checkbox"/> | Attachment I: | Soil and/or Groundwater Remediation: If applicable, provide reference documentation including a plan view of the site showing the area of contamination and a summary of remediation with chemical analysis, clean-up status, and remediation program identification. |

Part VIII: Supporting Documents (continued)

- Attachment J: [Coastal Consistency Review Form](#) (DEEP-APP-004), if applicable.
- Attachment K: A copy of the NDDDB Determination response letter that has not expired, if applicable. Include a copy of any mitigation measures developed for this activity and approved by NDDDB. Do *not* submit any NDDDB Preliminary Site Assessments with your application. Be aware that you must renew your NDDDB Determination if it expires before project work commences.
- Attachment L: Conservation or Preservation Restriction Information, if applicable.
- Attachment M: [Applicant Compliance Information Form](#) (DEEP-APP-002)
- Attachment N: Other Information, including **written permission from the owner, if the applicant is not the owner**

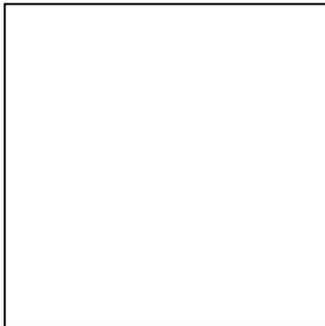
Part IX: Certification

The applicant, the individual(s) responsible for actually preparing the application *and* a certified hazardous materials manager or a professional engineer must sign this part. An application will be considered incomplete unless all required signatures are provided.

"I have personally examined and am familiar with the information submitted in this exemption application and all attachments, and I certify, based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that any false statement made in the submitted information is punishable as a criminal offense under section 53a-157b of the Connecticut General Statutes and any other applicable law.

I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.

I also certify that the Human Health Risk Assessment and Fate and Transport Study, submitted with this application, support a written demonstration that any hazardous material released into the ground from the subject regulated activity would not render the ground water unsuitable for drinking without treatment."

| | |
|---|----------------------------------|
| Signature of Applicant | Date |
| Printed Name of Applicant | Title (if applicable) |
| Signature of Preparer (if different than above) | Date |
| Printed Name of Preparer | Title (if applicable) |
| Signature of Certified Hazardous Materials Manager or Professional Engineer | Date |
| Printed Name of Certified Hazardous Materials Manager or Professional Engineer | Title (if applicable) |
| | Affix Stamp Here (if applicable) |
|  | |
| <input type="checkbox"/> Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet. | |

Part X: Submittal of Completed Application Form and all Supporting Documents

The applicant shall submit a complete application form and all supporting documents as required by Section 22a-354i-6 of the Regulations of Connecticut State Agencies to the Commissioner of the Department of Energy and Environmental Protection (DEEP), and shall concurrently submit a copy of the application and all supporting documents to the municipal aquifer protection agency, any affected water company and the Commissioner of Public Health (DPH).

Submit this completed Application Form, Fee, and all Supporting Documents to DEEP:

CENTRAL PERMIT PROCESSING UNIT
DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127

and

Email to DEEP.AquiferProtection@ct.gov

Note: Please also submit copies of this completed Application Form and all Supporting Documents as indicated in Part II of this form.